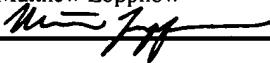


01919
123103
U.S.PTO

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.:	CS23369RL
	First Inventor:	Greg R. Black
	Title:	Method And Apparatus For Reducing Data Collisions In A Frequency Hopping Communication System
	Express Mail Label No.:	EV 203578500 US

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)		Mail Stop Patent Application ADDRESS TO: Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450
--	--	---

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages 17] <i>(preferred arrangement set forth below)</i>	a. <input type="checkbox"/> Computer Readable Form (CFR)
-Descriptive title of the invention	b. <input type="checkbox"/> Specification Sequence Listing on:
-Cross Reference to Related Applications	i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); or
-Statement Regarding Fed sponsored R & D	ii. <input type="checkbox"/> Paper
-Reference to sequence listing, a table, or computer program listing appendix	c. <input type="checkbox"/> Statements verifying identity of above copies
-Brief Summary of the Invention	
-Brief Description of the Drawings (<i>if filed</i>)	
-Detailed Description	
-Claim(s)	
-Abstract of the Disclosure	
4. <input checked="" type="checkbox"/> Informal Drawing(s) (35 U.S.C. 113) [Total Sheets 6]	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
5. Oath or Declaration [Total Sheets 3]	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>
a. <input checked="" type="checkbox"/> Newly unexecuted (original or copy)	11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)
b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)	12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PT-1449 [2] Copies of IDS Citations
i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)	13. <input type="checkbox"/> Preliminary Amendment
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>
18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in- Part (CIP) of prior application No. _____	15. <input type="checkbox"/> Certified Copy of Priority Document
Prior application information: _____ Examiner: _____ Art Unit: _____	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.	17. <input type="checkbox"/> Other: _____

19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number		20280	or	<input type="checkbox"/> Correspondence address below	
Name					
Address					
City	State	Zip Code			
Country	Telephone	Fax			
Name	Matthew Loppnow	Registration No.	45,314		
SIGNATURE		Date	12/31/07		

FEE TRANSMITTAL <small>Patent fees are subject to annual revision</small> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				<i>Complete if Known</i>																																																																																																																																																																																																																																																
				Application Number																																																																																																																																																																																																																																																
				Filing Date		December 31, 2003																																																																																																																																																																																																																																														
				First Named Inventor		Greg R. Black																																																																																																																																																																																																																																														
				Examiner Name																																																																																																																																																																																																																																																
				Group Art Unit																																																																																																																																																																																																																																																
TOTAL AMOUNT OF PAYMENT		(\$ 1,290.00)		Attorney Docket No.		CS23369RL																																																																																																																																																																																																																																														
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																																																																																																																
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 502117 Deposit Account Name Motorola, Inc.				3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td></tr> <tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td></tr> <tr><td>1254</td><td>1480</td><td>2254</td><td>740</td></tr> <tr><td>1255</td><td>2010</td><td>2255</td><td>1005</td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td></tr> <tr><td>1451</td><td>1510</td><td>1451</td><td>1510</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td></tr> <tr><td>1453</td><td>1330</td><td>2453</td><td>665</td></tr> <tr><td>1501</td><td>1330</td><td>2501</td><td>665</td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr><td colspan="4" style="text-align: right;">SUBTOTAL (1) (\$ 770.00)</td></tr> <tr> <td colspan="4"> 2. EXTRA CLAIM FEES <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Previously Paid**</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>25 8</td> <td>20 3</td> <td>= 5 = 5</td> <td>x 18 x 86 = 90. = 430.</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>290</td> <td>= _____</td> </tr> </tbody> </table> </td> <td colspan="4"> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Entity Fee Code (\$)</th> <th colspan="4">Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td colspan="4">Claims in excess of 20</td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td colspan="4">Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td colspan="4">Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td colspan="4">* Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td colspan="4">* Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="4" style="text-align: right;">SUBTOTAL (2) (\$ 520.00)</td> <td colspan="4" style="text-align: right;">SUBTOTAL (3) (\$ 0-)</td></tr> </tbody> </table> </td> </tr> <tr> <td colspan="4"> <small>** or number previously paid, if greater; For Reissues, see above.</small> </td> <td colspan="4"> <small>* Reduced by Basic Filing Fee Paid</small> </td> </tr> <tr> <td colspan="4"> SUBMITTED BY </td> <td colspan="4"> Complete (if applicable) </td> </tr> <tr> <td>Name (Print/Type)</td> <td colspan="3">Matthew Lopnow</td> <td>Registration No.</td> <td>45,314</td> <td>Telephone</td> <td>847-523-2585</td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> <td>Date</td> <td colspan="3">12/31/03</td> </tr> </tbody></table>				Large Entity		Small Entity		Fee Code	Fee (\$)	Fee Code	Fee (\$)	1051	130	2051	65	1052	50	2052	25	1053	130	1053	130	1812	2520	1812	2520	1804	920*	1804	920*	1805	1840*	1805	1840*	1251	110	2251	55	1252	420	2252	210	1253	950	2253	475	1254	1480	2254	740	1255	2010	2255	1005	1401	330	2401	165	1402	330	2402	165	1403	290	2403	145	1451	1510	1451	1510	1452	110	2452	55	1453	1330	2453	665	1501	1330	2501	665	1502	480	2502	240	1503	640	2503	320	1460	130	1460	130	1807	50	1807	50	1806	180	1806	180	8021	40	8021	40	1809	770	2809	385	1810	770	2810	385	1801	770	2801	385	1802	900	1802	900	Other fee (specify) _____				SUBTOTAL (1) (\$ 770.00)				2. EXTRA CLAIM FEES <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Previously Paid**</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>25 8</td> <td>20 3</td> <td>= 5 = 5</td> <td>x 18 x 86 = 90. = 430.</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>290</td> <td>= _____</td> </tr> </tbody> </table>				Total Claims	Previously Paid**	Extra Claims	Fee from below	Fee Paid	Independent Claims	25 8	20 3	= 5 = 5	x 18 x 86 = 90. = 430.	Multiple Dependent			290	= _____	<table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Entity Fee Code (\$)</th> <th colspan="4">Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td colspan="4">Claims in excess of 20</td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td colspan="4">Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td colspan="4">Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td colspan="4">* Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td colspan="4">* Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="4" style="text-align: right;">SUBTOTAL (2) (\$ 520.00)</td> <td colspan="4" style="text-align: right;">SUBTOTAL (3) (\$ 0-)</td></tr> </tbody> </table>				Large Entity Fee Code (\$)	Entity Fee Code (\$)	Fee Description				1202	18	2202	9	Claims in excess of 20				1201	84	2201	42	Independent claims in excess of 3				1203	280	2203	140	Multiple dependent claim, if not paid				1204	84	2204	42	* Reissue independent claims over original patent				1205	18	2205	9	* Reissue claims in excess of 20 and over original patent				SUBTOTAL (2) (\$ 520.00)				SUBTOTAL (3) (\$ 0-)				<small>** or number previously paid, if greater; For Reissues, see above.</small>				<small>* Reduced by Basic Filing Fee Paid</small>				SUBMITTED BY				Complete (if applicable)				Name (Print/Type)	Matthew Lopnow			Registration No.	45,314	Telephone	847-523-2585	Signature				Date	12/31/03		
Large Entity		Small Entity																																																																																																																																																																																																																																																		
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																																																																																																																																																																																																																	
1051	130	2051	65																																																																																																																																																																																																																																																	
1052	50	2052	25																																																																																																																																																																																																																																																	
1053	130	1053	130																																																																																																																																																																																																																																																	
1812	2520	1812	2520																																																																																																																																																																																																																																																	
1804	920*	1804	920*																																																																																																																																																																																																																																																	
1805	1840*	1805	1840*																																																																																																																																																																																																																																																	
1251	110	2251	55																																																																																																																																																																																																																																																	
1252	420	2252	210																																																																																																																																																																																																																																																	
1253	950	2253	475																																																																																																																																																																																																																																																	
1254	1480	2254	740																																																																																																																																																																																																																																																	
1255	2010	2255	1005																																																																																																																																																																																																																																																	
1401	330	2401	165																																																																																																																																																																																																																																																	
1402	330	2402	165																																																																																																																																																																																																																																																	
1403	290	2403	145																																																																																																																																																																																																																																																	
1451	1510	1451	1510																																																																																																																																																																																																																																																	
1452	110	2452	55																																																																																																																																																																																																																																																	
1453	1330	2453	665																																																																																																																																																																																																																																																	
1501	1330	2501	665																																																																																																																																																																																																																																																	
1502	480	2502	240																																																																																																																																																																																																																																																	
1503	640	2503	320																																																																																																																																																																																																																																																	
1460	130	1460	130																																																																																																																																																																																																																																																	
1807	50	1807	50																																																																																																																																																																																																																																																	
1806	180	1806	180																																																																																																																																																																																																																																																	
8021	40	8021	40																																																																																																																																																																																																																																																	
1809	770	2809	385																																																																																																																																																																																																																																																	
1810	770	2810	385																																																																																																																																																																																																																																																	
1801	770	2801	385																																																																																																																																																																																																																																																	
1802	900	1802	900																																																																																																																																																																																																																																																	
Other fee (specify) _____																																																																																																																																																																																																																																																				
SUBTOTAL (1) (\$ 770.00)																																																																																																																																																																																																																																																				
2. EXTRA CLAIM FEES <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Previously Paid**</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>25 8</td> <td>20 3</td> <td>= 5 = 5</td> <td>x 18 x 86 = 90. = 430.</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>290</td> <td>= _____</td> </tr> </tbody> </table>				Total Claims	Previously Paid**	Extra Claims	Fee from below	Fee Paid	Independent Claims	25 8	20 3	= 5 = 5	x 18 x 86 = 90. = 430.	Multiple Dependent			290	= _____	<table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Entity Fee Code (\$)</th> <th colspan="4">Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td colspan="4">Claims in excess of 20</td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td colspan="4">Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td colspan="4">Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td colspan="4">* Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td colspan="4">* Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="4" style="text-align: right;">SUBTOTAL (2) (\$ 520.00)</td> <td colspan="4" style="text-align: right;">SUBTOTAL (3) (\$ 0-)</td></tr> </tbody> </table>				Large Entity Fee Code (\$)	Entity Fee Code (\$)	Fee Description				1202	18	2202	9	Claims in excess of 20				1201	84	2201	42	Independent claims in excess of 3				1203	280	2203	140	Multiple dependent claim, if not paid				1204	84	2204	42	* Reissue independent claims over original patent				1205	18	2205	9	* Reissue claims in excess of 20 and over original patent				SUBTOTAL (2) (\$ 520.00)				SUBTOTAL (3) (\$ 0-)																																																																																																																																																																											
Total Claims	Previously Paid**	Extra Claims	Fee from below	Fee Paid																																																																																																																																																																																																																																																
Independent Claims	25 8	20 3	= 5 = 5	x 18 x 86 = 90. = 430.																																																																																																																																																																																																																																																
Multiple Dependent			290	= _____																																																																																																																																																																																																																																																
Large Entity Fee Code (\$)	Entity Fee Code (\$)	Fee Description																																																																																																																																																																																																																																																		
1202	18	2202	9	Claims in excess of 20																																																																																																																																																																																																																																																
1201	84	2201	42	Independent claims in excess of 3																																																																																																																																																																																																																																																
1203	280	2203	140	Multiple dependent claim, if not paid																																																																																																																																																																																																																																																
1204	84	2204	42	* Reissue independent claims over original patent																																																																																																																																																																																																																																																
1205	18	2205	9	* Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																																																																
SUBTOTAL (2) (\$ 520.00)				SUBTOTAL (3) (\$ 0-)																																																																																																																																																																																																																																																
<small>** or number previously paid, if greater; For Reissues, see above.</small>				<small>* Reduced by Basic Filing Fee Paid</small>																																																																																																																																																																																																																																																
SUBMITTED BY				Complete (if applicable)																																																																																																																																																																																																																																																
Name (Print/Type)	Matthew Lopnow			Registration No.	45,314	Telephone	847-523-2585																																																																																																																																																																																																																																													
Signature				Date	12/31/03																																																																																																																																																																																																																																															